



Massachusetts Department of Environmental Protection
Bureau of Air and Waste – Stage II Vapor Recovery Program

Stage II Form D1

MassDEP Facility Account # _____

Alternative Annual In-Use Compliance Certification
(No In-Use Compliance Testing Required)

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



DEP USE ONLY
/ /
Date Postmarked

A. Stage II System Documentation

1. Stage II System Location

Name of Facility Where the Stage II System is Installed _____

Facility Address _____

City/Town _____

MA

State _____

Zip Code _____

2. Stage II System Responsible Official #1 (point of contact for Stage II related correspondence)

Name of Stage II System Responsible Official #1 _____

Phone Number _____

Mailing Address _____

City/Town _____

State _____

Zip Code _____

3. Stage II System Responsible Official #2 (fill out only if applicable)

Name of Stage II System Responsible Official #2 _____

Phone Number _____

Name of Company or Facility _____

Mailing Address _____

City/Town _____

State _____

Zip Code _____

4. Stage II Annual Compliance Fee Billing Address:

Name of Dept, Division, etc, otherwise leave blank. Please do **not** indicate contact names. _____

Phone Number _____

Name of Company (Corp., Co., Inc., LLC, etc.) _____

Mailing Address _____

City/Town _____

State _____

Zip Code _____

5. Has any Stage II system documentation provided in A. 1– 4 above changed from that currently on record in MassDEP's Stage II database? ☐ Yes ☐ No

6. Please check the box below identifying the correct amount of gasoline dispensed at this facility (gallons/annually):

☐ Less than 120,000

☐ 120,000 to 240,000

☐ 240,001 to 500,000

☐ 500,001 to 1,200,000

☐ 1,200,001 to 2,000,000

☐ Greater than 2,000,000

7. How many gasoline storage tanks are associated with this Stage II system?

☐ One

☐ Two or more



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B. In-Use Compliance Testing and Submittal Requirements

1. **NO** Stage II in-use compliance testing is required for submittal of this certification.
2. **Compliance Certification Submittal Due Date:** For this certification form to be submitted on time, the envelope used to mail it to MassDEP must be postmark-dated on or before the facility's annual in-use compliance certification due date.
3. _____

Stage II System CARB Executive Order # _____

C. Stage II System Responsible Official Compliance Certification

Section C is to be completed by the Stage II System Responsible Official(s) only.

1. Stage II System Operation

- a. Have you operated and maintained the Stage II system in accordance with the system's applicable **CARB Executive Order**?

☐ Yes ☐ No (if **NO**, see C.4 below)

Stage II System Responsible Official attesting to compliance status ☐ #1 ☐ #2

- b. Have you **visually inspected** the **Stage II system** on a **weekly** basis?

☐ Yes ☐ No (if **NO**, see C.4 below)

Stage II System Responsible Official attesting to compliance status ☐ #1 ☐ #2

- c. Are the **persons** conducting weekly visual inspections **trained** to operate and maintain the Stage II system in accordance with the system's applicable CARB Executive Order?

☐ Yes ☐ No (if **NO**, see C.4 below)

Stage II System Responsible Official attesting to compliance status ☐ #1 ☐ #2

2. Stage II System Maintenance

- a. As a result of **weekly visual inspections**, did you find any Stage II system components incorrectly installed, non-functioning or broken?

☐ Yes ☐ No

- b. If **YES**, did you immediately **repair the broken Stage II components**; or, if the components cannot be immediately repaired did you:

i. immediately **stop dispensing gasoline through the broken components**, post "Out of Service" signs on the components, and repaired the components within 14 days; or, if the components cannot be repaired within 14 days, did you;

ii. immediately **isolate the broken components** from the remainder of the Stage II system so that the Stage II system is correctly operating and post "Out of Service" signs on the broken components until repaired; or, if the stage II system cannot not be isolated from the broken components so that the Stage II system is correctly operating, did you;

iii. immediately **stop all dispensing of gasoline** at the facility and post "Out of Service" signs on all gasoline dispensers until the components are repaired, applicable tests performed and passed, and a fully completed Annual In-Use Compliance Certification submitted to the Department as required.

☐ Yes ☐ No (if **NO**, see C.4 below)

Stage II System Responsible Official attesting to compliance status ☐ #1 ☐ #2



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3. Stage II System Record Keeping

Are the following **records maintained on-site**, in a centralized location?

- a. All **Weekly Inspection Checklists** for the prior twelve-month period identifying incorrectly installed, non-functioning or broken components, actions taken to repair the Stage II system, and the date of repair.
- b. A copy of **Compliance Testing Company Test Results** for all Stage II Compliance tests performed during the prior twelve-month period.
- c. A copy of the currently applicable **MassDEP Stage II In-Use Compliance Certification**.
- d. **Training Log of all persons trained** to perform weekly inspections of the Stage II System.

☐ Yes☐ No (if **NO**, see C.4 below)

Stage II System Responsible Official attesting to compliance status

□ #1

□ #2

4. Compliance Status and Actions to Ensure Future Compliance

If you are **NOT** in compliance with any question you answered in C.1, 2 or 3 above, please explain:

- the reason you are not in compliance;
- the actions you will take to correct the noncompliance and the date completed; and
- the actions you will take to avoid the noncompliance in the future.

If more space is needed, please use additional pages as necessary.

[illegible]



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5. Stage II System Responsible Official Compliance Certification Statement

I certify that **(a)** I have personally examined the foregoing and am familiar with the information contained in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment; **(b)** systems¹ to maintain compliance are in place at the facility and will be maintained for the coming year even if the processes or operating procedures are changed over the course of the year; and, **(c)** I am fully authorized to make this attestation on behalf of the facility.

Printed Name of Stage II System Responsible
Official #1

Signature of Stage II System Responsible
Official #1

Date

Printed Name of Stage II System Responsible
Official #2

Signature of Stage II System Responsible
Official #2

Date

¹ For purposes of this statement, "systems to maintain compliance" means procedures that the Stage II facility owner and/or operator has established to ensure that weekly visual inspections and required tests are conducted, that broken or defective components are repaired, replaced or isolated and that required records are maintained.